



APPLICATION FOR REGISTRATION AS A VOLUNTEER MEMBER

The Commander should forward this completed form along with a completed National police check to the DFES Regional office.

Please Tick One of these Boxes

New Member
(Complete Sections 1, 3 & 4)

☐

Start Date: ____/____/____

Transferring Member
(Complete Sections 1, 2 & 4)

☐

SECTION 1

Family Name

VMR Group Name

Given Names (eg: William John)

Occupation

Preferred Name (eg: Bill)

Next of Kin

Applicants Address

Next of Kin's Address

Date of Birth

Male

☐

Female

☐

Driver license no

Email address

Membership Type Sought

Operational

(Eg: Skipper, Crew, Radio operator)

☐

Non Operational

(Eg: Group officer, Shore Crew)

☐

Social member

(Eg: Helper, Fundraiser)

☐

Cadet

☐

Contact Phone Numbers

Business hours

After hours

Mobile

Emergency contact

SECTION 2

TRANSFER PARTICULARS

If the applicant was previously or is currently a member of another group or service, please complete the following

Group/Brigade Name	FRS/BFS/VMR	Date Joined	Date Left
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

OFFICE USE ONLY

Date of receipt at office ____/____/____

VMRS/Manager signature _____

Details entered into RMS ____/____/____

DFES volunteer ID number _____

SECTION 3

This section should be completed by all applicants seeking to be operational/Non Operational members.

1. Do you have:

(a) Any sight impairment which may affect performance in a search and rescue role?

☐

YES

☐

NO

(b) A hearing impairment which may affect performance in a search and rescue role?

☐

☐

2. Have you had any recent surgery or hospitalisation that would affect your ability in the role?

☐

☐

3. Are you troubled by heights, motion sickness, confined spaces?

☐

☐

4. Do you have a drug or alcohol dependency that could affect the role?

☐

☐

5. Do you have any other condition that could affect your ability to perform the role?

☐

☐

6. Are you now suffering from or have suffered from any of the following conditions?(tick if 'yes')

(a) High blood pressure

☐

(g) Colour blindness

☐

(b) Heart disease

☐

(h) Epilepsy/ Fits

☐

(c) Angina

☐

(i) Blackouts

☐

(d) Stroke

☐

(j) Back pain/back injury

☐

(e) Asthma

☐

(k) limb or joint problems

☐

(f) Chronic bronchitis or emphysema

☐

If you have answered "yes" to any of the above questions, the commander of the group will arrange for you to have a medical examination undertaken. The doctor will be asked to complete section 6 of this form. The medical examination will be at DFES's expense.

SECTION 4

I agree to abide and conform to all Regulations, policies and procedures for the Volunteer Marine Rescue Service in Western Australia. I further certify that the information provided by me in this application form is true and correct, to the best of my knowledge.

I understand that I will not officially become a member of the group until the group endorses my application and final formal ratification of my membership is given by DFES.

Applicant's signature

Date

Parent/Guardian (If a Junior Applicant)

SECTION 5

Declaration of group endorsement

To be completed by the commander/vice commander of the group.

I hereby certify to the best of my knowledge that the above particulars are correct and that the group have given due regard to the applicant's availability to attend incidents.

Commander/Vice Commander Name

Commander/Vice Commander Signature

Date

SECTION 5A
Service awards granted

Award	Date Due	Date Approved	Date Awarded
5 Year badge & bar			
10 year bar			
15 year bar			
National medal			
20 year bar			
25 year National clasp			
30 year bar			
35 year National clasp			
40 year bar			
45 year National clasp			
50 year medal			
Other awards			

This page is only to be given to applicants in the event that they answer ‘Yes’ to any of the questions in Section 3. The commander of the group will authorise a medical examination by a local doctor. The doctor is to complete Section 6 (below), return it to the applicant, who will then return it to the Commander of the group. When completed this form must be attached to the application and returned to DFES. The Commander is advised to check the application documents before returning.

The following section applies to those persons seeking to be an ‘Operational/Non Operational’ volunteer member.

SECTION 6 (to be completed by an Examining Doctor)

To the Doctor,

DFES seeks to ensure that the health and safety of prospective members is not jeopardised through the provision of inappropriate duties or tasks within the volunteer group. DFES advocates safe working practices at all times.

The above named volunteer has indicated a specific condition that may preclude him/her from certain activities. DFES requires your advice concerning the person’s suitability for their proposed role as a volunteer marine rescue operational member and advice as to whether or not any restrictions should be placed on their activities in that role?

Can the applicant perform these activities safely?

- | | Yes / No |
|--|--------------------------|
| 1. An operational marine crew person role may include: | |
| a. Crew a Rescue vessel in extreme sea conditions | <input type="checkbox"/> |
| b. Master a Marine rescue vessel (within the DOT requirements). | <input type="checkbox"/> |
| c. Perform a variety of tasks in cramped surrounds, on slippery or dangerous surfaces. | <input type="checkbox"/> |
| d. Perform physically demanding tasks for sustained periods. | <input type="checkbox"/> |
| e. undertake heavy, awkward lifts in excess of 20kg such as recovering a person from the water. | <input type="checkbox"/> |
| f. Perform physically demanding work in extreme heat and cold conditions. | <input type="checkbox"/> |
| g. Wear personal protective equipment (eg. overalls, wet weather clothing, lifejacket) that can impair body cooling. | <input type="checkbox"/> |
| h. Rapid transitions from rest to near maximal exertion without warm up periods. | <input type="checkbox"/> |
| i. travel at sea for long periods in various sea conditions. | <input type="checkbox"/> |
| j. Work requiring sustained physical activity. | <input type="checkbox"/> |
| 2. Non-operational roles may include: | |
| a. Performing administration tasks or operating launch/retrieval equipment. | <input type="checkbox"/> |
| b. operating a marine radio room (monitoring and sending radio messages). | <input type="checkbox"/> |
| c. instructing (ability to stand for long periods). | <input type="checkbox"/> |

Modifications or restrictions to the role:	(Please attach extra sheets as required)

Doctors Name (please print)	Doctors signature	Date
		/ /